

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522684

FILING DATE

APPLICANT/DO

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51	/	/	/	/	/	/
2	/	/	/	/	/	/	52	/	/	/	/	/	/
3	/	/	/	/	/	/	53	/	/	/	/	/	/
4	/	/	/	/	/	/	54	/	/	/	/	/	/
5	/	/	/	/	/	/	55	/	/	/	/	/	/
6	/	/	/	/	/	/	56	/	/	/	/	/	/
7	/	/	/	/	/	/	57	/	/	/	/	/	/
8	/	/	/	/	/	/	58	/	/	/	/	/	/
9	/	/	/	/	/	/	59	/	/	/	/	/	/
10	/	/	/	/	/	/	60						
11	/	/	/	/	/	/	61						
12	/	/	/	/	/	/	62						
13	/	/	/	/	/	/	63						
14	/	/	/	/	/	/	64						
15	/	/	/	/	/	/	65						
16	/	/	/	/	/	/	66						
17	/	/	/	/	/	/	67						
18	/	/	/	/	/	/	68						
19	/	/	/	/	/	/	69						
20	/	/	/	/	/	/	70						
21	/	/	/	/	/	/	71						
22	/	/	/	/	/	/	72						
23	/	/	/	/	/	/	73						
24	/	/	/	/	/	/	74						
25	/	/	/	/	/	/	75						
26	/	/	/	/	/	/	76						
27	/	/	/	/	/	/	77						
28	/	/	/	/	/	/	78						
29	/	/	/	/	/	/	79						
30	/	/	/	/	/	/	80						
31	/	/	/	/	/	/	81						
32	/	/	/	/	/	/	82						
33	/	/	/	/	/	/	83						
34	/	/	/	/	/	/	84						
35	/	/	/	/	/	/	85						
36	/	/	/	/	/	/	86						
37	/	/	/	/	/	/	87						
38	/	/	/	/	/	/	88						
39	/	/	/	/	/	/	89						
40	/	/	/	/	/	/	90						
41	/	/	/	/	/	/	91						
42	/	/	/	/	/	/	92						
43	/	/	/	/	/	/	93						
44	/	/	/	/	/	/	94						
45	/	/	/	/	/	/	95						
46	/	/	/	/	/	/	96						
47	/	/	/	/	/	/	97						
48	/	/	/	/	/	/	98						
49	/	/	/	/	/	/	99						
50	/	/	/	/	/	/	100						
TOTAL IND.	8	↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	51	<	25	<		<	TOTAL DEP.		<		<		<
TOTAL CLAIMS	59	[REDACTED]	30	[REDACTED]		[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]